

**FEE TRANSMITTAL**

Application Number 10/550,075 Art Unit 2877  
Filing Date Confirmation No. 6188  
Inventor(s) Oleg Kolosov, et al.  
Examiner Name  
Attorney Docket Number SMX 6014.4(2003-011CIP1(PCT/US))

☐ Applicant claims small entity status.

**METHOD OF PAYMENT**

- ☒ The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 50-0496. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 50-0496.
- ☐ Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

**FEE CALCULATION**

1. ☐ BASIC FILING, SEARCH AND EXAMINATION FEES  
(Type: \_\_\_\_\_) Subtotal (1) \$ \_\_\_\_\_
2. ☐ EXCESS CLAIM FEES
- Total Claims \_\_\_\_ - \_\_\_\_ (HP) = 0 x Fee \_\_\_\_ = \$0.00  
Indep Claims \_\_\_\_ - \_\_\_\_ (HP) = 0 x Fee \_\_\_\_ = \$0.00  
Multiple Dependent Claims Fee \$ \_\_\_\_\_  
(HP = highest number of claims paid for)  
Subtotal (2) \$0.00
3. ☐ APPLICATION SIZE FEE
- Total Pages N/A - 100 = NaN ÷ 50 = 0 x \$ \_\_\_\_ = \$0.00  
(Application + Drawings) (round up to whole #)  
Subtotal (3) \$0.00
4. ☒ OTHER FEE(S)
- ☒ Fourth \_\_\_\_ month extension of time  
☐ Information disclosure statement  
☐ 37 CFR 1.17(q) processing fee  
☐ Non-English specification  
☐ Notice of Appeal  
☐ Filing a brief in support of appeal  
☐ Request for oral hearing  
☒ Other: Surcharge (\$130) as set forth in  
37CFR1.492(h)
- Subtotal (4) \$1720.00

TOTAL AMOUNT OF PAYMENT \$1720.00

Michael E. Godar  
Michael E. Godar  
10550075

11/22/06  
Date

Telephone: 314-231-5400

11/30/2006 01 FC:1617 02 FC:1254

MEG/130.00 DA  
1590.00 DA  
By EFS